

CIVILIAN FITNESS **PARTICIPANT PACKET**

Welcome to the Civilian Fitness Program! Congratulations to taking the first step to getting fit and staying fit. Please take a few minutes to acquaint yourself with the Civilian Fitness Program Participant Packet.

The Civilian Fitness Participant Packet is designed to assist Civilian Employees in structuring a fitness program that meets their needs. This packet is not designed to make you an expert or to replace the knowledge and guidance of a Personal Fitness Trainer. On the contrary, we recommend that people who are looking at starting a new fitness program use a certified personal fitness trainer to help them structure a safe and effective program. The purpose of this guide is to help you start to think about what you want to focus on in your fitness program along with encouraging you to set long term goals with appropriate rewards.

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If you have any questions regarding the Civilian Fitness Program please contact the 104th ASG Health Promotion Coordinator, Lori Pineda, RN at DSN 322-9509 or CIV 06181-88-9509; or CHPPM-EUR Department of Health Promotion and Wellness at DSN 486-7099/8555 or CIV 06371-86-7099/8555.

CIVILIAN FITNESS PARTICIPANT PACKET
DA MESSAGE

ROUTINE

ZYUW RUEADWD2806 0882135

R 261625Z MAR 96

FM HQDA WASHINGTON DC//DAPE-HR-PR

TO AIG 7405

AIG 7406

AIG 7446

UNCLAS

SUBJ: CIVILIAN HEALTH PROMOTION PROGRAMS.

A. MESSAGE R111800Z MAR 96 SUBJ: CIVILIAN HEALTH PROMOTION.

B. AR 600-63, ARMY HEALTH PROMOTION

1. REFERENCE A IS RESCINDED.

2. CIVILIANS EMPLOYED BY THE ARMY ARE ENCOURAGED TO ENGAGE IN A REGULAR PROGRAM OF EXERCISE AND OTHER POSITIVE HEALTH HABITS.

3. COMMANDERS MAY APPROVE UP TO 3 HOURS EXCUSED ABSENCE PER WEEK TO ALLOW EMPLOYEES TO PARTICIPATE IN COMMAND SPONSORED FORMAL PHYSICAL EXERCISE TRAINING. THIS TRAINING WILL INCLUDE PARTICIPANT EVALUATION BOTH PRE- AND POST- PROGRAM, CONTINUOUS MONITORING DURING THE PROGRAM, AND EXERCISE AND NUTRITIONAL EDUCATION. THESE ACTIVITIES MUST BE AN INTEGRAL PART OF A TOTAL FITNESS PROGRAM AND ARE TIME-LIMITED, THAT IS, UP TO SIX MONTHS IN DURATION.

4. WHILE FORMAL PHYSICAL FITNESS PROGRAMS MAY BE REPEATED FROM TIME-TO-TIME, EMPLOYEES WILL NOT NORMALLY BE GRANTED EXCUSED ABSENCE FOR PHYSICAL EXERCISE TRAINING ONCE THEY HAVE ALREADY RECEIVED SUCH TRAINING. THIS GRANT IS INTENDED TO BE LIMITED TO ONE TIME ONLY. IT DOES NOT APPLY TO OTHER TRAINING OR PROFESSIONAL DEVELOPMENT.

5. BEYOND THESE SITUATIONS, WORK SCHEDULES SHOULD BE ADJUSTED TO PERMIT TRAINING AND EXERCISE WHERE POSSIBLE AND WHERE CONSISTENT WITH WORKLOAD AND MISSION.

6. INSTALLATIONS INTERESTED IN PARTICIPATING IN FITNESS PROGRAMS SHOULD CONTACT THE INSTALLATION FIT-TO-WIN COORDINATOR, COMMUNITY RECREATION OR THE COMMUNITY HEALTH NURSING SECTIONS OF THE MEDDAC OR MEDCEN. FURTHER GUIDANCE FOR STARTING PROGRAMS MAY ALSO BE OBTAINED BY CALLING THE CENTER FOR HEALTH PROMOTION AND PREVENTIVE MEDICINE AT ABERDEEN PROVING GROUNDS, MD AT (410) 671-4656 OR DSN 584-4656. AGENCIES MAY ALSO CONSIDER CONTRACTING SERVICES FROM THE U.S. PUBLIC HEALTH SERVICE, DIVISION OF FEDERAL OCCUPATIONAL HEALTH.

7. HQDA HEALTH PROMOTION POC IS LTC NEWCOMB, (703) 697-2448 OR DSN 227-2448.
BT

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DEPARTMENT OF THE ARMY
CENTER FOR HEALTH PROMOTION AND PREVENTIVE MEDICINE EUROPE
104TH ASG OCCUPATIONAL HEALTH
Unit 20193, Box 0047
APO AE 09165-0047

MCHB-AE-MO-H

05 June 2001

SUBJECT: Information on Work Related Traumatic Injury

1. When employee sustains traumatic injury a CA-1 form needs to be completed by the supervisor, or the employee, or someone acting on the employee's behalf. This form is used when the injury is likely to result in medical charge or if it is anticipated that the employee might lose time from work as the result of the injury.
2. When an injured employee requires follow up medical care a CA-16 form needs to be completed by the supervisor (part A), and by the physician (part B). This form authorizes medical care for up to 60 days.
3. An injured employee can also be seen in a US Army medical facility without a CA-1 form and this form can be completed within 30 days of the injury. The CA-1 form can then be used to receive reimbursement from the Office of Worker's Compensation fund after the injured worker has paid for their medical care.

//original signed//
Maria Sugui, RN, COHN-S
Occupational Health Nurse
104th Area Support Group

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Activity Roster

Record All Gym Visits, Health Education Classes, Etc and maintain records to be filed in your Civilian Fitness File at the end of the Program.

-----Make 6 copies before using.-----

Participant name: _____ **Supervisor's Signature** _____
Circle # of Months in Program): 1 2 3 4 5 6 **Month** _____

DATE	ACTIVITY	TIME	LOCATION

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Exercise Prescription

GOAL SHEET

- X Set realistic goals!! (Lose weight, Develop skills to manage stress, Increase endurance)
X Make sure you follow through with the rewards you set, but only if you reach your goals.

My Long Term 6-month GOALS are:_____

My Reward will be:_____

Short Term GOALS:

<u>MONTH</u>	<u>GOAL 1</u>	<u>GOAL 2</u>	<u>GOAL 3</u>	<u>GOAL 4</u>	<u>REWARD</u>
ONE					
TWO					
THREE					
FOUR					
FIVE					
SIX					

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Exercise Prescription (Page 1 of 3)

Flexibility Work

Frequency: 3-7x/week

Intensity: Stretch to a point of mild discomfort...never pain

Time: 10-15 seconds for warm-up/cool-down
> 30 seconds for development
2-5x per muscle group

Type: Static stretching. As a minimum, focus on 8-10 major muscle groups

Pay extra attention to low back and hamstring muscles.

Always release muscle between stretches.

Never bounce or perform ballistic stretching. Active stretching is acceptable prior to exercise, however most flexibility benefits are derived from static stretches performed following exercise.

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Your Exercise Prescription (page 2 of 3)

Aerobic Work

Warm-up _____

Pre-exercise stretches _____

Frequency _____

Intensity _____

Time _____

Type _____

Cool-Down _____

Post-Exercise Stretches _____

Calculate Target Heart Rate Range

(220-age)-resting heart rate x exercise intensity + resting heart rate.

Exercise Intensity:

50 to 60% low moderate

60 to 70% moderate

70 to 80% heavy

> 80% very heavy

EXAMPLE:

Age = 20 Resting HR = 60

Exercise Intensity = 70% to 80%

220-20=200 220-20=200

200-60=140 200-60=140

140x.70=98 140x.80=112

98+60=158 112+60=172

Target Heart Rate = 158 to 172

beats/min

Target Heart Rate Range: _____ (beats/min) or _____(beats/10 sec)

❖ Progression is generally dictated by increases in

1) duration 2) intensity 3) frequency

❖ Duration increases by 1-2 min/week as tolerated

❖ For intensity changes, see your fitness coordinator

❖ For maximum benefits, perform flexibility routine following exercise

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Your Exercise Prescription (Page 3 of 3)

Muscular Strength/Endurance Work

Warm-Up: Spend at least 5 minutes warming up before starting strength work.

Frequency: 2-3x/week (total body workouts) **or**
4-6x/week (split workouts)

Intensity: For toning and muscle endurance, perform between 8-12 repetitions at 60-80% of 1 rep max. For greater strength and size increases, perform 6-8 repetitions. Progressive fatigue should result in difficulty performing last 2-3 repetitions achieving temporary muscle failure.

Time: Exercise 8-10 major muscle groups/1-2 sets per group. If a beginner, begin with 1 set for the first 4 to 6 weeks.

Type: Begin with machines and transition to free-weights if desired.

Major Muscle Groups

Chest	Abdominal
Upper Back	Lower Back
Biceps	Quadriceps
Triceps	Hamstrings
Gluteals	Gastrocnemius

- Cool-down for at least 5 minutes post training
- For maximum benefits, flexibility exercises should be performed following exercise
- Allow 48 hours between training sessions, but not more than 72 hours.